

U.S. DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN
UNITED STATES DISTRICT COURT

for the 2018 NOV 16 P 4: 28
District of
STEPHEN C. DRIES
Division CLERK

Case No.

18-C-1618
(to be filled in by the Clerk's Office)

Jury Trial: (check one)

☒ Yes

☐ No

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Amended
COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Calbert Turner
1900 12th St
Pacme, Racine County
Wisconsin 53403
262-898-2940

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant include the person's job or title (if known). Attach additional pages if needed.

Aurora
worker Reception

Health Center Pharmacy of Aurora & Dr. Pomen
Spanish American Lady Talk to
Page 1 of 3

Defendant No. 1

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Attach

I do not know the name of the older
Receptionist
8400 Washington AV
Racine, Racine County
WI 53406
262-884-4000

Defendant No. 2

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Attach

Aurora Health Center
Pharmacy worker I do not know name
8400 Washington AV
Racine, Racine County
WI 53406
262-884-4000

Defendant No. 3

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Aurora Health Center

8400 Washington AV
Racine, Racine County
WI 53406
262-884-4000

Defendant No. 4

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Race Discrimination
I was treated unfavorably because of my skin color
I am hated for my skin color; I am harassment for my skin color no peace

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) Calbert Turner, is a citizen of the
State of (name) Wisconsin.

b. If the plaintiff is a corporation

The plaintiff, (name) Aurora Health Center, is incorporated
under the laws of the State of (name) Wisconsin,
and has its principal place of business in the State of (name)
Wisconsin.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, (name) _____, is a citizen of
the State of (name) _____. Or is a citizen of
(foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) Aurora, is incorporated under the laws of the State of (name) Aurora Health Center, and has its principal place of business in the State of (name) Wisconsin.
Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

\$1,000,000 for pain,

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Some Aurora worker at Pharmacy put that drug on my med. How can someone do that. And the receptionist play with about this not caring at all. She would not do that to her dog or cat but do me like that. Some is wrong This was plan for me I took pain pills over to help my pain but my pain got more and more. Receptionist tell me no one else complaining. This is wrong. I'm still looking for a doctor to help me. Tell me what relief drug was put on my med and in me.

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I was gave A drug I still do not know what this is. What wrong with me on the inside. My feet hurt each day. My feet wake me up in the morning. I have to drink to help my pain pills. I stop drinking over 20 years ago and I'm not the same person I was before this I will need money to get my life back together. And what about things that wrong inside of me because of this drug, I need real testing to find out what this is, so I can get med for this. I ask 2,000,000 to make sure that no one else get treated like me.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11-15-18

Signature of Plaintiff

Printed Name of Plaintiff

Calbert Turner
Calbert Turner

B. For Attorneys

Date of signing: 11-15-18

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

Attach

B The Defendant

over the phone and for her to make this A joke about me being sick and in pain. The Receptionist I never said anything to her in the wrong way All of this was plan for me that hatred for you, I have deal with people like that befor befor was Discrimination and today it's Discrimination. I am hatred because color I don't understand this.

I did not understand Dr Pothan as he talk to me like I did something wrong I did not do this I go to see my Doctor get A new appointment and go home. That all. After Dr Pothan talk to me like I did something wrong I stop seeing him. That why I ask for 2,000,000 dollars I'm still sick

Defendant
Aurora Health Center I was told they Aurora would look into this but I never got anything on this hatred I will not go back to Aurora Health Center never again Someone at pharmacy put that drug on my med to hurt me Did Aurora look into that who ~~make~~ put the med in that pill bottom